

Notice of No Consent

TAKE NOTICE THAT I, _____, family member of

_____ who currently resides at
(NAME OF RESIDENT)

_____ **DO NOT CONSENT** to the said
(NAME OF FACILITY)

_____ being moved from this residence unless the
(NAME OF RESIDENT)

following conditions are met, as promised by the Premier of the Province of British Columbia:

1 a care plan has been developed after full and meaningful consultation with the said
_____, our family, a physician or physicians appointed
(NAME OF RESIDENT)
by our family and such other advisor of our choice as appropriate in the circumstances and
such care plan has been agreed upon by our family;

2 the proposed move is to a permanent location which provides the level of care and support
outlined in the care plan; and

3 the travelling distance to the new location is comparable to the travelling distance to the
existing residence.

SIGNATURE

SIGNED ON (DATE)

PRINT NAME

TELEPHONE NUMBER

ADDRESS

CITY

POSTAL CODE

“ No resident will be moved without an individual care plan
that’s agreed upon by the family. ”

... **KATHERINE WHITTRED**
Minister for Intermediate, Long-Term and Home Care
Vancouver Sun, April 25, 2002

“ ... there will be an individual care plan that will be
developed with that individual and their family to meet
the needs of that individual and they will be taken care of. ”

GORDON CAMPBELL
CKNW, April 24, 2002

Just

Say

NO!

